

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599,558

FILING DATE

10-2-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		2		1		
23		2		1		
24		2		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		2		1		
32		2		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37	1		1			
38		1		1		
39		2		1		
40		1		1		
41		1		1		
42		2		1		
43		2		1		
44		2		1		
45		2		1		
46		2		1		
47		2		1		
48		2		1		
49		2		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		2		1		
53		2		1		
54		2		1		
55		1		1		
56		1		1		
57		1		1		
58		2		1		
59		1		1		
60	1			1		
61		1	1			
62		2		1		
63		2		1		
64		2		1		
65		2		1		
66		2		1		
67		1		1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72		1		1		
73		2		1		
74		2		1		
75		2		1		
76		2		1		
77	1			1		
78	1		e			
79	1					
80	1		e			
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	73	←		←
TOTAL CLAIMS			77			